

RECEIVED PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

HQS
1/22/14

PLAINTIFF	Tammy Randle	United States Marshals Service	COURT CASE NUMBER	3:13cv698
DEFENDANT	Western North Carolina		TYPE OF PROCESS	order, complaint, summons
SERVE		NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
AT		Nelson Macwan		
		ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)		
		7330 N. Cicero Ave. Ste 219 Lincolnwood IL 60712		

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		RECEIVED	Number of process to be served with this Form 285	1
<input type="checkbox"/> Tammy Randle 615 Fairwood Avenue Charlotte NC 28203		JAN 31 2014	Number of parties to be served in this case	1
		United States Marshals Service	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of:	<input type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT		

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 58	District to Serve No. 24	Signature of Authorized USMS Deputy or Clerk <i>John Deese</i>	Date 1/16/2014
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
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Address (complete only different than shown above)	Date 1-24-14	Time 12:09 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy <i>Brian G. Costello</i>	

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS: 01/16/2014: Received process and entered into JDIS. Mailed to USMS-N/IL to be served.

03/13/2014: Process served on 1/24/2014. Closed in JDIS and 285 returned.

Business no longer located at 7330 N Cicero Ave 60712

PRIOR EDITIONS
MAY BE USED

TRUSTEES GOFFES

1. CLERK OF THE COURT

2. USMS RECORD

3. NOTICE OF SERVICE

4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment if any amount is owed. Please remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

FORM USM-285

Rev. 12/15/80

Automated 01/00